



Better care together

Leicester, Leicestershire & Rutland health and social care

Hinckley Community Hospitals

Update from West Leicestershire CCG Appendix 2

Owner: Mary Barber



Rutland
County Council

healthwatch



Leicester
City Council



Leicestershire
County Council



Background

Community health services are currently delivered from a number of locations in Hinckley including GP surgeries and patients own homes. Supporting the delivery of these services are four principle sites:-

- Hinckley and District hospital site, which includes Hinckley Health Centre and offers outpatients and day case services and has an operating theatre, X-ray, ultrasound and endoscopy available on site. There are no overnight beds.
- Hinckley and Bosworth Community hospital provides non-elective care currently with 42 beds. There are no diagnostic facilities at the hospital
- Hynca Lodge, which offers adult mental health care for adults, specifically older patients.
- The Orchard Resource Centre which provides a base for community adult mental health professionals.

The two hospitals in Hinckley are 1.5 miles apart, with the District hospital being in the centre of Hinckley and the Bosworth site on the outskirts of the town.

The Hinckley and District Hospital and Health Centre has outpatient facilities and also houses a GP surgery. Services are provided through the Alliance contract which offers a broad range of services including day case and outpatient procedures and consultations, and are supported by on-site diagnostics. GPs also have direct access to the plain X-ray and ultrasound diagnostic services within the hospital and use them extensively.

Hinckley and Bosworth Community hospital has 42 beds open in two wings: One wing has a four bed ward plus 19 rooms which are single en-suite. The second wing has 19 beds open: a four bed ward with a further 15 rooms being single en-suite. There are a further four single en-suite rooms which are currently closed. During the 2013 community hospitals utilisation review 54% of inpatients at Hinckley and Bosworth hospital were identified as being fit for discharge but awaiting either a place in a residential or nursing home or waiting for other health and/or social services packages of home care in order to be discharged.

NHS West Leicestershire CCG are committed to improving outcomes for patients, supporting more people to live independently in their own homes and wrap support around patients to avoid unnecessary hospital admissions and to ensure that when people are admitted they are returned to their community in a timely way. In order to do this the shape of services need to change.

Over the last 12 – 18 months the CCG has engaged widely using an Experience Led Commissioning model to understand the views of patients carers and staff about what is important to them for services across Hinckley and Bosworth.

The key themes emerging from this engagement have been:

- Expand community-based care
- Building hubs of care
- A review to scope all possible community care
- Invest in fit for purpose hospital buildings
- Invest in relationships
- Join up support for exercise and mobility preservation; make it integral to improving outcomes
- Improve care before and after hospital

- Support family carers to do a good job
- Adopt a more person-centred approach; especially to prescribing medication
- Power to the people: improve self-care
- Focus on prevention
- Focus on staff wellbeing
- Power for the people: the CCG and the community work together to hold providers to account.
- Make unpopular decisions based on evidence. Take money away from people who are not doing the work.

Further engagement is planned in September and October ahead of the wider BCT consultation.

Proposals/Options

In order to deliver improved community services in response to the public views; NHS West Leicestershire CCG are looking at rationalising the services delivered on the Hinckley hospital site in order to free up resource to enable more people to be supported at home. What this will mean for people of Hinckley is that; there will an increased level of support for people with long term conditions and those who are vulnerable available in the community close to where people live. When people do need the care of a specialist centre there will be capacity and capability in the community for them to be returned home as soon as their condition allows for their long-term care and rehabilitation.

There are a number of possibilities for delivering these improvements through the consideration of how Hinckley hospital is used:

- Continuous improvement using contractual levers to deliver improved outcomes
- Targeted investment to maintain specific services can be delivered on site
- Commission more activity on the site to prevent people going to other hospital sites which may be out of area
- Deliver activity in alternative settings e.g. primary care settings

To inform the proposals for change a mapping process is being undertaken to understand what services are currently provided on the site along with the activity and what services could be developed here or delivered in an alternative setting.

Engagement and consultation

The next step for engagement is to hold two Pledge and Design events to tell people what we have learnt and share the range of possible ways we could design and improve services based on evidenced based research we have gathered. At the events we will work through the challenges we will need to overcome and opportunities that each of the possibilities present. With the community, we will then work out what is feasible and appropriate for the community. These events are scheduled to be held on the 5th October 2015. Consultation will form part of the BCT public consultation.

Resource Implications

The CCG recognises that there are challenges around workforce with a scarcity in certain specialties and difficulties in recruitment. To deliver the new model of care with a focus on care in the community and more investment in the prevention agenda requires a different type of workforce. The CCG plans include the development of smart generic workers (similar to the old SEN role) that can work across the boundaries of health and social care. The type of work this role would undertake would be supporting daily living activities alongside a mindfulness approach that would enable them to understand an individual's needs, supporting them to maintain independence.